

**EXHIBIT 2: CLAIM NO. 3236**

4825-7323-2411.1

B10 (Official Form 10) (04/13) (Modified)

**FILED**  
CHAPTER 9  
PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN	<b>FEB 21 2014</b>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Lucinda J. Darrah</i>		RECEIVED	US Bankruptcy Court COURT USE ONLY MI EASTERN DISTRICT
Name and address where notices should be sent: <i>Lucinda J. Darrah 492 Peterboro DET 313 414 5181</i>		FEB 26 2014	
Telephone number: _____ email: <i>cindydarrah@gmail.com</i>		KURTZMAN CARSON CONSULTANTS	<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Name and address where payment should be sent (if different from above):			Court Claim Number: _____ (If known)
Telephone number: _____ email: _____			Filed on: _____
<p>1. Amount of Claim as of Date Case Filed: \$ <i>150,000,000 to buy garbage &amp; recycling trucks &amp; keep city workers handling our garbage</i></p> <p>If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p> <p>2. Basis for Claim: <i>I want Detroiters to control their own garbage and set the citizens in the districts</i> (See instruction #2)</p> <p>3. Last four digits of any number by which creditor identifies debtor:</p> <p>3a. Debtor may have scheduled account as: <i>run it</i> (See instruction #3a)</p> <p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p> <p>5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____</p> <p>5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____</p> <p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p> <p>7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p> <p>8. Signature: (See instruction # 8) Check the appropriate box.</p> <p><input type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)</p> <p>I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <i>Lucinda J. Darrah</i> Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ (Signature) <i>Lucinda J. Darrah 2/21/14</i> (Date) Telephone number: _____ email: <i>313 414 5181 cindydarrah@gmail.com</i></p>			

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment

